

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 9/744129	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND. DEP.
1	/						51			
2	/						52			
3		/					53			
4		/					54			
5		/					55			
6		/					56			
7		/					57			
8		/					58			
9		/					59			
10		/					60			
11		/					61			
12		/					62			
13		/					63			
14		/					64			
15		/					65			
16		/					66			
17	/						67			
18		/					68			
19		/					69			
20		/					70			
21		/					71			
22							72			
23							73			
24							74			
25							75			
26	/						76			
27	/						77			
28		/					78			
29		/					79			
30		/					80			
31		/					81			
32		/					82			
33							83			
34							84			
35		/					85			
36		/					86			
37		/					87			
38		/					88			
39	/	/					89			
40	/						90			
41		/					91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	7						TOTAL IND.			
TOTAL DEP.	28						TOTAL DEP.			
TOTAL CLAIMS	35						TOTAL CLAIMS			

PTO-1350 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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